

MAR 30 2006

Attorney Docket No.: 6151.200-US

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Gerhard Jørgen Darr Confirmation No: 9875

Serial No.: 09/732,398

Group Art Unit: 1731

Filed: December 7, 2000

Examiner: Catherine Simone

For: Markings on Transparent Plastic

PETITION AND FEE FOR EXTENSION OF TIME (37 C.F.R. 1.136(a))

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

It is respectfully requested that the time for response to the Office Action dated January 28, 2004 be extended for a period of 3 months from April 28, 2004 to July 28, 2004. Applicant(s) hereby petition(s) for such extension of time.

Please charge the required fee, estimated to be \$1020, with this application and to credit any overpayments to Novo Nordisk Inc., Deposit Account No. 14-1447. Please charge any additional fees, should they be required, to Deposit Account No. 14-1447. A duplicate of this sheet is enclosed.

Respectfully submitted,



Date: March 30, 2006

Marc A. Began, Reg. No. 48,829  
Novo Nordisk Inc.  
100 College Road West  
Princeton, NJ 08540  
(609) 987-5800

Use the following customer number for all correspondence regarding this application.

23650

PATENT TRADEMARK OFFICE

03/31/2006 SDIRETA1 00000011 141447 09732398

02 FC:1253 1020.00 DA

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 07/27/06		2 Serial/Patent # 09/732,398			
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT	
<input type="checkbox"/>	Filing			\$	
<input type="checkbox"/>	Amendment			\$	
<input checked="" type="checkbox"/>	Extension of Time	IFW	03/30/06	\$ 1,020.00	
<input type="checkbox"/>	Notice of Appeal/Appeal			\$	
<input type="checkbox"/>	Petition			\$	
<input type="checkbox"/>	Issue			\$	
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$	
<input type="checkbox"/>	Maintenance			\$	
<input type="checkbox"/>	Assignment			\$	
<input type="checkbox"/>	Other			\$	
		7 TOTAL AMOUNT OF REFUND		\$ 1,020.00	
		8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check			
<input type="checkbox"/>	Overpayment				
<input type="checkbox"/>	Duplicate Payment	Credit Deposit A/C #:			
<input checked="" type="checkbox"/>	No Fee Due (Explanation):				
9 1 4 -- 1 4 4 7					
OUTSIDE MAXIMUM PERIOD OBTAINABLE					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: Patricia Faison-Ball		TITLE: Attorney			
SIGNATURE: <i>Patricia Faison-Ball</i>		PHONE: 2-3212			
OFFICE: PETITIONS					
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****					
APPROVED: <i>CKH</i>		DATE: 7/28/06			

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

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